

# Federal Advisory Committee (FAC) Membership Balance Plan

Please read the Federal Advisory Committee Membership Balance Plan Guidance prior to completing this form

## (1) FEDERAL ADVISORY COMMITTEE NAME

*State the legal name of the FAC*

CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment

## (2) AUTHORITY

*Identify the authority for establishing the FAC*

The Centers for Disease Control (CDC)/Health Resources and Services Administration (HRSA) Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment was established under Section 222 of the Public Health Service Act [42 U.S.C. §217a], as amended. The committee is governed by the provisions of the Federal Advisory Committee Act, as amended, 5 U.S.C. App., which sets forth standards for the formation and use of advisory committees.

## (3) MISSION/FUNCTION

*Describe the mission/function of the FAC*

The CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHACHSPT) shall advise the Secretary, (HHS); the Director, CDC; and the Administrator, HRSA, regarding objectives, strategies, policies, and priorities for HIV (Human Immunodeficiency Virus), Viral Hepatitis and other sexually transmitted diseases (STDs) prevention and treatment efforts including surveillance of HIV infection, Acquired Immunodeficiency Syndrome (AIDS), Viral Hepatitis, and other STDs, and related behaviors; epidemiologic, behavioral, health services, and laboratory research on HIV/AIDS, Viral Hepatitis and other STDs; identification of policy issues related to HIV/Viral Hepatitis/STD professional education, patient healthcare delivery, and prevention services; agency policies about prevention of HIV/AIDS, Viral Hepatitis and other STDs; treatment, healthcare delivery, and research and training; strategic issues influencing the ability of CDC and HRSA to fulfill their missions of providing prevention and treatment services; programmatic efforts to prevent and treat HIV, Viral Hepatitis and other STDs; and, support to the agencies in their development of responses to emerging health needs related to HIV, Viral Hepatitis and other STDs.

## (4) POINTS OF VIEW

*Based on understanding the purpose of the FAC,*

- (a) describe the process that will be used to ensure the committee is balanced, and identify the categories (e.g. individual expertise or represented interests) from which candidates will be considered;*
- (b) consider identifying an anticipated relative distribution of candidates across the categories; and*
- (c) explain how a determination was made to appoint any individuals as Special Government Employees or Representative members*

The committee shall consist of 18 public members, including 2 Co-chairs. CDC and HRSA each shall recommend nominees for half of the committee membership. Members shall be selected by the Secretary, or designee, from authorities knowledgeable in the fields of public health; epidemiology; laboratory practice; immunology; infectious diseases; drug abuse; behavioral science; health education; healthcare delivery; state health programs; clinical care; preventive health; medical education; health services and clinical research; and healthcare financing. The committee shall also include representation of persons with HIV infection, affected populations; state and local health and education agencies; HIV/AIDS/Viral Hepatitis/STD community-based organizations; and the ethical or religious community.

**At least four members shall be persons living with HIV/AIDS.**

**Consideration will be given to a broad representation of geographic areas. In addition, CDC and HRSA looks for committee members with regional, state or local government expertise, and diversity in the work sector (e.g., public, private industry, academia). Members shall be deemed Special Government Employees.**

**There shall also be nonvoting ex officio members from the following agencies: the National Institutes of Health; the Centers for Medicare and Medicaid Services; the Substance Abuse and Mental Health Services Administration; the Agency for Healthcare Research and Quality; the Indian Health Service; the Food and Drug Administration; the HHS Office of HIV/AIDS and Infectious Disease Policy; and such additional officers of the U.S. government as the Secretary deems necessary for the committee to effectively carry out its functions.**

**There shall also be a nonvoting liaison representative from the Presidential Advisory Council on HIV/AIDS; and such other nonvoting representatives from organizations with interests in the prevention and control of HIV/AIDS, STD and Viral Hepatitis, as the Secretary deems necessary for the committee to effectively carry out its functions. Liaisons are deemed representatives.**

#### **(5) OTHER BALANCE FACTORS**

*List any other factors your agency identifies as important in achieving a balanced FAC*

**Also, CDC and HRSA look for individuals who are directly affected by HIV/AIDS, qualified with demonstrated professional or personal qualifications and experience relevant to the Advisory Committee tasks.**

#### **(6) CANDIDATE IDENTIFICATION PROCESS**

*Summarize the process intended to be used to identify candidates for the FAC, key resources expected to be tapped to identify candidates and the key persons (by position, not name) who will evaluate FAC balance. The summary should:*

- (a) describe the process*
- (b) identify the agency key staff involved (by position, not name)*
- (c) briefly describe how FAC vacancies, if any, will be handled by the agency; and*
- (d) state the membership term limit of FAC members, if applicable*

**CDC and HRSA have similar and parallel processes to identify candidates for the FAC:**

**A) Candidates for CDC are proposed by the CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) and for HRSA, candidates are proposed by the Agency Administrator and HRSA's HIV/AIDS Bureau (HAB) Associate Administrator (AA); and forwarded to CDC Committee Management Officer (CMO) who forwards candidates to the Department of Health and Human Services (DHHS) Office of White House Liaison. A list is compiled of nominees and reviewed for diversity in area of expertise, geographic area of residence, and public health expertise for considerations. Nominees are then compared with existing advisory group members in order to ensure diversity in areas of expertise, geographic area of residence, and other public health expertise for considerations. The CDC and HRSA Designated Federal Officers (DFO) make recommendations to the Secretary for the final decision on nominees.**

**B) The key staff involved are the Secretary, CDC's DFO, Director, NCHHSTP, Division Directors from NCHHSTP's Division of HIV/AIDS Prevention (DHAP), Division of STD Prevention (DSTDP), Division of Viral Hepatitis (DVH), and Division of Adolescent and School Health (DASH); HRSA's Administrator, HAB's AA, and HAB's Division Directors from the Division of Metropolitan HIV/AIDS Programs (DMHP), Division of State HIV/AIDS Programs (DSHP), Division of Community HIV/AIDS Programs (DCHP), Division of Policy and Data (DPD), and Division of HIV/AIDS Training and Capacity Development (DHTCD).**

**C) Each year, suggestions for members are sought from a variety of sources including, CDC's HIV, STD, Viral Hepatitis and school health experts, members of CDC's DHAP, DSTDP, DVH, and DASH; HRSA's Administrator, HAB's AA and Division Directors (DMHP, DSHP, DCHP, DPD, DHTCD), Ryan**



White HIV/AIDS Program experts; current or former CHACHSPT members, clinicians, academicians, health educators, and researchers. In addition, nominees are solicited through an Agency Federal Register Notice. During the year, suggestions for membership to CHACHSPT received from these and other various sources are compiled for future consideration.

A listing of individuals suggested for nomination to CHACHSPT is prepared and reviewed by the CDC DFO; Director, NCHHSTP; Division Directors from NCHHSTP's DHAP, DSTDP, DVH, and DASH; and representatives from NCHHSTP; and HRSA Administrator, HAB AA, HAB Divisions DMHP, DSHP, DCHP, DPD, and DHTCD, and representatives from HAB. These individuals discuss the qualities of the candidates and the expertise needed on CHACHSPT to develop a slate of potential nominees. Candidates are then contacted to determine their willingness to serve on CHACHSPT and to adhere to restrictions related potential conflicts of interest.

D) Members shall be invited to serve for overlapping terms of up to four years, except that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of that term. Terms of more than two years are contingent upon the renewal of the committee by appropriate action prior to its termination. A member may serve 180 days after the expiration of that member's term if a successor has not taken office.

E) Formal letters of invitation to identify an agency representative to serve as an ex officio member are extended through each agency head named in the charter by the Secretary of HHS (external HHS appointments) and the CDC Director (internal HHS appointments). Ex officio appointments continue until officially vacated or rescinded.

#### **(7) SUBCOMMITTEE BALANCE**

*Subcommittees subject to FACA\* should either state that the process for determining FAC member balance on subcommittees is the same as the process for the parent FAC, or describe how it is different*

*\*This is relevant to those agencies that require their subcommittees to follow all FACA requirements.*

This committee does not have subcommittees, however if a subcommittee should be established, the same candidate identification process would be followed.

#### **(8) OTHER**

*Provide any additional information that supports the balance of the FAC*

Appointments shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, gender identity, HIV status, disability, and cultural, religious, or socioeconomic status.

#### **(9) DATE PREPARED/UPDATED**

*Insert the actual date the Membership Balance Plan was initially prepared, along with the date(s) the Plan is updated*

November 8, 2016